PTO/SB/21 (09-04)

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<b>*</b>	Application Number 1		10/	0/621,485			
AMENDMENT		Application Title Ce		II-free Assay for Insulin Signaling			
TRANSMITTAL		Filing Date July		y 16, 2003			
FORM		First Named Inventor		Mueckler et al.			
		Art Unit	165	51			
(to be used for all correspondence after initial filing)		Examiner Name	Fer	rnandez, Susan Emily			
Total Number of Pages in This Submission	2	Attorney Docket Number	560	29/41936			
ENCLOSURES (Check all that apply)							
Fee Determination Record Transmittal Form  Fee Attached  The Commissioner is hereby authorized to charge the fee of in this application to a Deposit Account 20-0823.  The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823. I have enclosed a duplicate copy of this sheet.  Any additional filing fees required under 37 C.F.R. 1.16.		After Final  Affidavits/declarations(s)  Extension of Time Request  f an extension or an additional extension of time is required, but not enclosed, please consider thi conditional petition therefore and accordingly  accordingly  certified Copy of Priority  Certified Copy of Priority  Cocument(s)	s a 8 <u>23</u>	Other Enclosure(s) (please identify below): Return postcard			

SIGNATURE OF APPLICANT, ATTORNET, OR AGENT						
Firm Name	Thompson Coburn LLP	<u></u>				
Signature	Run Hoe han					
Printed name	Kimberly H. Lu					
Date	May 16, 2005	Reg. No.	51,973			

Terminal Disclaimer

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Kimberly H. Lu

Any patent application

C.F.R. 1.17.

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MENDMENT	Application Ti	tle Ce	Cell-free Assay for Insulin Signaling			
*** **********************************	Filing Date	Ju	July 16, 2003			
FORM FORM	First Named I	nventor Mi	Mueckler et al.			
	Art Unit	16	1651			
(to be used for all correspondence after initial	Examiner Na	me Fe	Fernandez, Susan Emily			
Total Number of Pages in This Submission	2 Attorney Doct	ket Number 56	56029/41936			
	ENCLOSURES	(Check all that	t apply)			
Fee Determination Record	Amendment/Rep	ply	Other Enclosure(s) (please identify below):			
Transmittal Form	After Fina	ı	Return postcard			
Fee Attached	Affidavits/	declarations(s)	·			
The Commissioner is hereby authorized to charge the fee of	Extension of Tim	ne Request				
\$ in this application to a Deposit Account 20-0823	If an extension of	or an additional				
The Commissioner is hereby	extension of time	e is required, but is ease consider this a				
authorized to charge any	conditional petiti	nditional petition therefore and				
additional fees which may be required, or credit any over-	accordingly	harge Deposit Account <u>20-0823</u> ccordingly				
payment, to Deposit Account Number <u>20-0823</u> . I	Information Disc	nformation Disclosure Statement				
have enclosed a duplicate copy of this sheet.	Certified Copy o	sertified Copy of Priority				
Any additional filing fees	Document(s)					
required under 37 C.F.R.	Drawing(s)	rawing(s)				
57	Petition					
Any patent application processing fees under 37	Terminal Disclai	mer				
C.F.R. 1.17.						
	URE OF APPLICA	NT, ATTORNEY,	OR AGENT			
Firm Name Thompson Cob	urn LLP					
Signature Fun	How has					
Printed name Kimberly H. Lu	3					
Date May 16, 2005		Reg. No.	51,973			
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